

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3		REPORTING AGENCY LEBANON POLICE		N.C.I.C. 08303		ODHS USE ONLY - DO NOT MARK ABOVE											
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO. OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED									
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TWP OF LEBANON		DATE OF CRASH: M 5 D 11 Y 15		DAY MONDAY		TIME: MILITARY 0845											
CRASH OCCURRED ON PARKING LOT OF						WITHIN THE INTERSECTION OF													
IF NOT IN INTERSECTION MILES: FEET W S E OF 500 JUSTICE DR. LEBANON, OH						CITY CODE													
LOG-1		LOG-2		LOC		JUR		FHE		FLT		DESC							
A UNIT NO. 1		NO. OF OCCUPANTS		OPERATING <input type="checkbox"/>		PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN <input checked="" type="checkbox"/>		NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT					
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) UNKNOWN						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)													
PHONE NO.		BIRTH DATE		AGE		SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.		OCCUPATION					
M		D		Y															
OWNER (IF SAME AS DRIVER, WRITE SAME) UNKNOWN						ADDRESS						PHONE							
VEH YR 19		MAKE ACURA		MODEL TL		COLOR BLK		STYLE 4S		STATE OH		LICENSE PLATE NO. 905 YSC		TOWING SERVICE NONE		VEH/PED DIR FROM S TO N			
CIRCLE DAMAGE AREAS				DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE									
B UNIT NO. 2		NO. OF OCCUPANTS 2		OPERATING <input type="checkbox"/>		PARKED <input checked="" type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN <input type="checkbox"/>		NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT TRAVELERS INSURANCE					
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) DAVIS, CHAD T.						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 4585 RIVER KINGS MILLS, OH													
PHONE NO.		BIRTH DATE		AGE		SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.		OCCUPATION					
M		D		Y															
OWNER (IF SAME AS DRIVER, WRITE SAME) DAVIS, CHAD T.						ADDRESS 4585 RIVER KINGS MILLS, OH						PHONE (859) 512-1671							
VEH YR 19		MAKE ACURA		MODEL TL		COLOR BLK		STYLE 4S		STATE OH		LICENSE PLATE NO. 905 YSC		TOWING SERVICE NONE		VEH/PED DIR FROM S TO N			
CIRCLE DAMAGE AREAS				DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE									
C FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE		AGE		POSITION				INJURIES					
		ADDRESS				M D Y				A B C D E F				A B C D E F					
D FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE		AGE						1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED					
		ADDRESS				M D Y								A B C D E F					
E FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE		AGE						CONDITION					
		ADDRESS				M D Y								A B C D E F					
F FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE		AGE						1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN					
		ADDRESS				M D Y								A B C D E F					
A B C		INJURED TAKEN TO				BY				A B C D E F				ALCOHOL					
D E F		INJURED TAKEN TO				BY				A B C D E F				A TESTED B TESTED					
A B C		INJURED TAKEN TO				BY				A B C D E F				1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED					
D E F		INJURED TAKEN TO				BY				A B C D E F				1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN					
A		OFFENSE CHARGED AND DESCRIPTION <input type="checkbox"/> O.R.C. <input type="checkbox"/> CITY ORD:				A B C D E F				EJECTION				DRUGS					
B		OFFENSE CHARGED AND DESCRIPTION <input type="checkbox"/> O.R.C. <input type="checkbox"/> CITY ORD:				A B C D E F				A B C D E F				A TESTED B TESTED					
RECEIVED CALL 1145		DISPATCHED 1150		ARRIVED 1155		CLEARED 1203		OTHER TIME		TOTAL MINUTES 18		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE				1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG			
DATE REPORT FILED M 5 D 11 Y 15		PHOTOS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		OFFICER'S NAME WETZEL		BADGE NO. 128		CHECKED BY											